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CONFIRMATION NO. 5455

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|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------|
| SERIAL NUMBER<br>10/762,893 | FILING DATE<br>01/22/2004<br><br>RULE | CLASS<br>222 | GROUP ART UNIT<br>3754 | ATTORNEY<br>DOCKET NO.<br>52000 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------|

## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

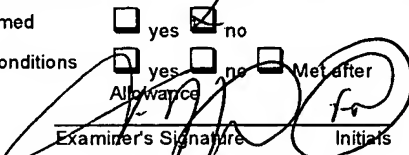
None (P) 12/8/05

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None (P) 12/8/04

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/27/2004

|  |                           |                        |                       |                            |
|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>NJ | SHEETS<br>DRAWING<br>5 | TOTAL<br>CLAIMS<br>21 | INDEPENDENT<br>CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance       |                           |                        |                       |                            |
| Verified and Acknowledged<br> Examiner's Signature Initials |                           |                        |                       |                            |

## ADDRESS

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## TITLE

Novel toothpaste tube

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>918 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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